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CONFIRMATION NO. 6529

SERIAL NUMBER 10/607,093	FILING OR 371(c) DATE 06/25/2003 RULE	CLASS 705	GROUP ART UNIT 3686	ATTORNEY DOCKET NO.
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/392,556 06/27/2002
 and claims benefit of 60/408,501 09/03/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 09/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 34	TOTAL CLAIMS 63	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Method, system and apparatus for forming an insurance program

FILING FEE RECEIVED 1541	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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